



Testimony of
Ed Hawthorne, President
Connecticut AFL-CIO

Public Health Committee
February 22, 2023

***SB 957 An Act Concerning the Oversight of Healthcare in Correctional Institutions
by the Department of Public Health***

SB 960 An Act Establishing a Working Group to Evaluate Emergency Department Crowding

Good afternoon, Senator Anwar, Representative McCarthy Vahey and members of the Public Health Committee. My name is Ed Hawthorne, and I am proud to serve as the President of the Connecticut AFL-CIO, a federation of hundreds of local unions representing almost 250,000 active and retired workers in the private sector, public sector, and building trades. Our members live and work in every city and town in our state and reflect the diversity that makes Connecticut great. It is on their behalf that I submit testimony today.

***SB 957 An Act Concerning the Oversight of Healthcare in Correctional Institutions
by the Department of Public Health – SUPPORT WITH AMENDMENT***

The access to healthcare is a human right and the delivery of healthcare in our correctional facilities has been a topic of concern for some time. Systematic underfunding and the undervaluing of incarcerated persons, and the people who care for them, have created a crisis that must be addressed. We proudly stand in solidarity with our brothers and sisters at SEIU District 1199NE whose members deliver healthcare services and advocate for their patients – the human beings who are serving time in our prison system. SB 957 is an important first step towards establishing a regulatory body and oversight process for the Department of Corrections healthcare system.

Before an increase in 2019, the budget for inmate medical services had been cut more than 25% over the past decade, despite skyrocketing medical costs and an increasingly medically acute and aging inmate population. Healthcare staffing ratios and practices have been determined by the bottom line, rather than what is necessary for patient care and safety. In some cases, inmates are waiting months to see a physician, which often means an illness or injury become more emergent and expensive to treat. Adequate preventative and rehabilitative care can lead to reduced costs, improved inmate health and reduce rates of recidivism.

The plan the Department of Corrections Commissioner has created for the provision of health care services as directed by Section 18-81pp of the general statutes, is deficient with regard to staffing levels and should not be the standard we use to deliver inmate medical services. By District 1199's estimation, the plan is short by at least 58 positions. That has a significant impact on inmate health but also on the morale and workloads of those providing care. Increased staffing will lower patient ratios and ensure that we can provide the best care possible to incarcerated human beings.

We urge the Committee to create a holistic, comprehensive approach to oversight by establishing a Correctional Health Review Board within the Department of Public Health, in combination with the standards and accreditation provided by [the National Commission on Correctional Healthcare](#). This proposed Board would review reports from the Department of Corrections on health outcomes for incarcerated individuals and returning citizens, healthcare staffing and health related incidents. It would also provide policy and procedure recommendations. Representation on a Correctional Health Review Board would include all stakeholders, including those who deliver inmate medical services in the facilities. They are intimately aware of the problems in the existing delivery system and are best positioned to identify solutions that benefit their patients, colleagues and the state as a whole. We urge the Committee to support this bill with this change.

SB 960 An Act Establishing a Working Group to Evaluate Emergency Department Crowding – SUPPORT WITH AMENDMENT

Among our affiliates are unions representing nurses, respiratory therapists, physical therapists, technicians and other clinical staff. They work in all departments, including emergency rooms, in hospitals all across the state. While we support the intent of SB 960, we cannot ignore that the working group it creates would exclude practicing emergency room clinical staff who are not physicians. Those who are closest to the problem are often closest to the solution. Without their voices, the recommendations the working group develops could be unintentionally insufficient or unworkable. We respectfully ask the Committee to improve SB 960 by adding at least two practicing emergency room nurses as members of the working group.

Thank you for the opportunity to provide testimony.